

4588

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

State Index No. 127
Co. Registrar's No. 28
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Pabla Giona Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 25</u> 19 <u>22</u> Month Day Yr.
FATHER			MOTHER		
Full Name <u>Pedro Giona</u>			Full Maiden Name <u>Elena Mirabal</u>		
Residence <u>Miami, Arizona</u>			Residence <u>Miami - Ariz.</u>		
Color or Race <u>Mex.</u> Age at last Birthday <u>32</u> Years			Color or Race <u>Mex.</u> Age at last Birthday <u>25</u> Years		
Birthplace <u>Chihuahua, Mexico</u>			Birthplace <u>Chihuahua, Mexico</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this Mother <u>5</u>		Number of Children, of this mother, now living <u>5</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 25, 1922 at _____ M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Signature C. M. Brown M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Ariz.

771-125-413 COUNTY REGISTRAR.

Filed Jan 30 1922 A True Copy B. J. J. J. LOCAL REGISTRAR.
Filed Feb 6 1922 COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.